

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)
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C. Installation's EPA ID Number  
MDR0000001701

## II. Name of Installation (Include company and specific site name)

H E C H I N G E R # 1 1.5

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
1 4 0 0 M E R R I T T B O U L E V A R D

Street (continued)

City or Town	State	ZIP Code
D U N D A L K	M D	2 1 2 2 2 -

County Code	County Name
	B A L T I M O R E

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box  
1 8 0 1 M C C O R M I C K D R I V E

City or Town	State	ZIP Code
L A N D O V E R	M D	2 0 7 8 5 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)	(first)
F O X	D E B B I E
Job Title	Phone Number (area code and number)
R I S K M A N A G E M E N T	3 0 1 - 9 2 5 - 3 4 9 6

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location	B. Street or P.O. Box	
<input type="checkbox"/> Location <input checked="" type="checkbox"/> Mailing	1 8 0 1 M C C O R M I C K D R I V E	
City or Town	State	ZIP Code
L A N D O V E R	M D	2 0 7 8 5 -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner  
H E C H I N G E R

GENERAL STATE SECTION

Street, P.O. Box, or Route Number  
1 8 0 1 M C C O R M I C K D R I V E

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City or Town	State	ZIP Code
L A N D O V E R	M D	2 0 7 8 5 -

Phone Number (area code and number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
3 0 1 - 9 2 5 - 3 4 9 6	P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel
<input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)		<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> b. Other Marketer
<input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 3. Industrial Furnace
<input type="checkbox"/> Mode of Transportation	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify _____		

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

## C. Other Wastes. (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
<i>Debra A. Fox</i>	<i>Risk Management Coordinator</i>	<i>3-7-95</i>

## XI. Comments

THIS BUSINESS DOES NOT HAVE A REGULAR WASTE STREAM. SOME HAZARDOUS WASTE MAY BE GENERATED AS A RESULT OF SPORADIC ACCIDENTAL SPILLS OF CONSUMER PACKAGED PRODUCTS.

aw 4/4/95  
HST 4-3-95

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

<sup>+</sup>  
**MDR000001701**

**04/05/95**

INSTALLATION ADDRESS

**HECHINGER #115  
1801 MC CORMICK DR  
LANDOVER, MD 20785  
DEBBIE FOX RISK MGMT**

**1400 MERRITT BLVD  
DUNDALK, MD 21222**